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CONFIRMATION NO. 6357

<b>SERIAL NUMBER</b> 10/634,665	<b>FILING OR 371(c) DATE</b> 08/05/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 0130541
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/401,063 08/05/2002 and claims benefit of 60/401,065 08/05/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/01/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>MB</i> Initials <i>MB</i>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
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**TITLE**  
 Catheter and method for diagnosis and treatment of diseased vessels

<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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